Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

PITTER RINCON, DANIEL

ELECTRICUS LLC
2875 S ORANGE AVE STE 500-6507
ORLANDO FL 32806

LICENSE NUMBER: ER13016801

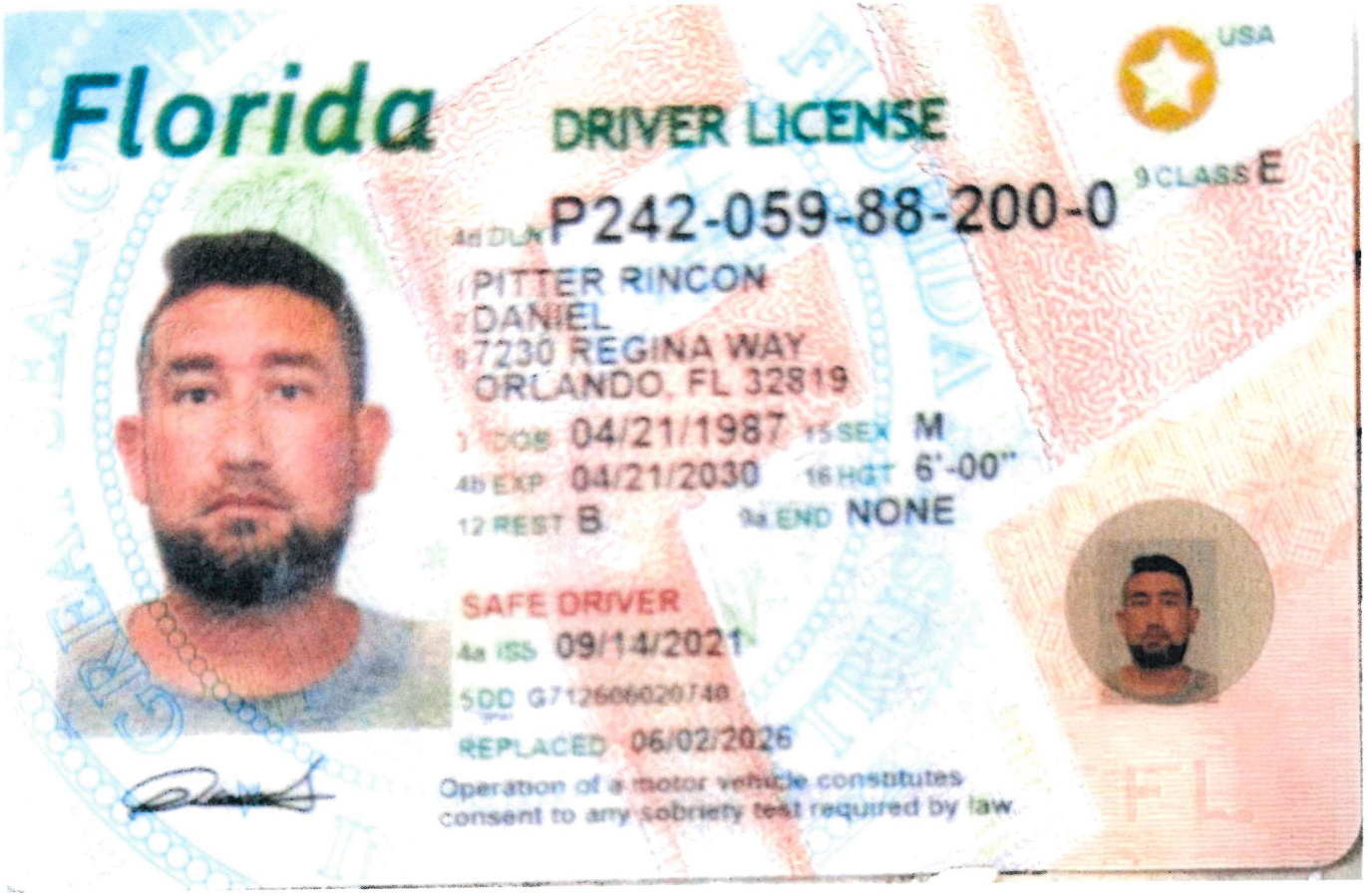
EXPIRATION DATE: AUGUST 31, 2028

Always verify licenses online at MyFloridaLicense.com

ISSUED: 05/13/2026

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.


Florida
DRIVER LICENSE
USA
9 CLASS E
4d DLN P242-059-88-200-0
1 PITTER RINCON
2 DANIEL
8 7230 REGINA WAY
ORLANDO, FL 32819
3 DOB 04/21/1987
15 SEX M
4b EXP 04/21/2030
16 HGT 6'-00"
12 REST B
9a END NONE
SAFE DRIVER
4a ISS 09/14/2021
5DD G71266020748
REPLACED 06/02/2026
Operation of a motor vehicle constitutes consent to any sobriety test required by law.
FL

The State of Florida retains all property rights herein.
042187
Rev.
03/01/2020

01005319704
26093

21

CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV

REST: B-Corr Lenses

END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.

WWW.FLHSMV.GOV

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/08/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Angelo Ocampo
Angelo Ferney Ocampo
888 Vineyard Ridge Rd
Minneola, FL 34715

CONTACT NAME: Angelo Ocampo
PHONE (A/C, No, Ext): 8604685499 FAX (A/C, No):
E-MAIL ADDRESS: quickezinsurance@gmail.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Spinnaker Insurance Company	24376
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Electricus LLC
2875 S Orange Ave Ste 500
Orlando, FL 32806

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		CSG-00455974-00	04/17/2026	04/17/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ Included $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as an additional insured.

The policy contains a Blanket Additional Insured endorsement.

The policy contains a Blanket Waiver of Subrogation endorsement.

Coverage is Primary & Non-Contributory.

CERTIFICATE HOLDER

Marion County
2710 E. Silver Springs Blvd
Ocala, FL 34470

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David McFarland

BLAISE INGOGLIA
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * *

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 4/16/2026 **EXPIRATION DATE:** 4/15/2028

PERSON: DANIEL PITTER RINCON **EMAIL:** DPITTER22@GMAIL.COM

FEIN: 414478136

BUSINESS NAME AND ADDRESS:

ELECTRICUS LLC

2875 S ORANGE AVE STE 500 #6507

ORLANDO, FL 32806

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

Marion County
Board of County Commissioners

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone 352-438-2400
buildingsafetyforms@marionfl.org

AFFIDAVIT OF COMPLIANCE FOR WORKERS COMPENSATION

I do hereby swear and affirm that I am in full compliance with Florida's workers' compensation law, and that coverage has been secured or a valid certificate of exemption has been obtained.

I declare that I have 0 employees. I declare that before hiring any employees I will obtain workers' compensation insurance coverage and will furnish proof to Marion County Building Safety (Licensing Division).

Marion County Building Safety must be notified immediately upon any changes in the number of employees.

(Signature of Contractor)

STATE OF FLORIDA, County of Orange

The foregoing instrument was acknowledged before me by means of ☒ **physical presence or** ☐ **online notarization**, this 17th day of, June 2026,

by Daniel Pitter Rincon
(Name of person making statement)

(Signature of notary public - state of Florida)

Nita Patel
(Print, type, or stamp commissioned name of notary public)

☐ Personally Known
☒ Produced Identification Florida D.L.
(Type of Identification Produced)

Notary Public State of Florida
Nita Patel
My Commission HH 644126
Expires 4/15/2029

LIC12 REV 12-18-25

IRS Notice CP575G

Department Of the Treasury
Internal Revenue Service
Philadelphia, PA 19255-0023
Important Information - Please Read

DANIEL PITTER RINCON
ELECTRICUS
2875 S ORANGE AVE STE 500 / 6507
ORLANDO, FL 32806

February 24, 2026

We assigned you an employer identification number (EIN)

Your EIN is **41-4478136**. The name control associated with this EIN is **PITT**.

What you need to do

- If you did **not** apply for this EIN, visit IRS.gov/EINNotRequested.
- Use this EIN and your name exactly as they appear above when you fill out your tax returns. Otherwise, it may cause delays. Keep a copy of this notice for your records because we'll only send it to you once. You can share a copy with future officers of your organization or anyone asking for proof of your EIN. If your name or address is incorrect as shown, send the correct information to the address at the top of this notice.
- If a Limited Liability Company (LLC) elects to be classified as an association taxable as a corporation, the LLC must file Form 8832, Entity Classification Election. If an LLC wants to elect S corporation status and meets certain criteria, the LLC must timely file Form 2553, Election by a Small Business Corporation. In that instance, we'll treat the LLC as a corporation as of the effective date of the S corporation election and the LLC doesn't need to file Form 8832. Visit IRS.gov/LLC and refer to Publication 3402, Taxation of Limited Liability Companies, for more information.

Additional Information

- Refer to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business, for tips on keeping your EIN safe.
- Find tax forms or publications by visiting IRS.gov/Forms or by calling 800-TAX-FORM (800-829-3676).
- Call us at 800-829-4933 if you can't find what you need online. If you prefer, you can write to the address at the top of this notice.

Electronic Articles of Organization For Florida Limited Liability Company

L26000090914
FILED 8:00 AM
February 11, 2026
Sec. Of State
tjhowell

Article I

The name of the Limited Liability Company is:

ELECTRICUS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2875 S ORANGE AVE
STE 500 #6507
ORLANDO, FL. 32806-547

The mailing address of the Limited Liability Company is:

2875 S ORANGE AVE
STE 500 #6507
ORLANDO, FL. 32806-547

Article III

The name and Florida street address of the registered agent is:

DANIEL PITTER
2875 S ORANGE AVE
STE 500 #6507
ORLANDO, FL. 32806-547

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DANIEL PITTER

L26000090914
FILED 8:00 AM
February 11, 2026
Sec. Of State
tjhowell

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
DANIEL PITTER
2875 S ORANGE AVE, STE 500 #6507
ORLANDO, FL. 32806-547

Article V

The effective date for this Limited Liability Company shall be:

02/10/2026

Signature of member or an authorized representative

Electronic Signature: DANIEL PITTER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

MIAMI DADE COUNTY, FLORIDA
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
11805 SW 26th Street (Coral Way)
Miami, Florida 33175

CONTRACTOR LICENSING SECTION

MAY 11, 2026

MARION COUNTY
BUILDING DEPT.
CONTRACTOR LICENSING SECTION
OCALA, FLORIDA 34470

RE: RECIPROCITY

TO WHOM IT MAY CONCERN

This is to advise that **PITTER-RINCON, DANIEL** holds Miami Dade County Personal Certificate of Competency. **202101170** in the category of **Master Electrician** issued by the Miami Dade County Construction Trades Qualifying Board, which includes the scope of work of all specialty electrical trades including Master Burglar Alarm and Master Fire Alarm in Miami Dade County, Florida.

This certificate was issued on **02/09/2026** by method of:

☑ Written Technical Exam Score: **84%** Date: **02/04/2026**
Proctored by: **PROV**

☑ Written Business Exam Score: **73%** Date: **02/04/2026**

Proctored by: **PROV** ***Obtained Higher score 89% 02/17/2026**

☐ Non-Exam ☑ Required Experience: **6yrs/2yrs Journeyman.**

This certificate is **Active** and qualifying **ELECTRICUS LLC** under business certificate of competency number **26E000058.**

APPLICANT COMPLAINT HISTORY:

0 Complaints on file. Type: Consumer ☐ Technical ☐

Comments: _____

Sincerely,

Karen Jackson
Contractor Licensing Supervisor

Reciprocity 04142015 JL

Marion County Board of County Commissioners

Licensing Division

2710 E. Silver Springs Blvd.

Ocala, FL 34470

RE: Letter of Recommendation for Daniel Pitter Rincon

To Whom It May Concern:

I am pleased to provide this letter of recommendation for Daniel Pitter Rincon in support of his application for contractor licensing and reciprocity.

I have employed Daniel Pitter Rincon from March 1, 2021, through March 1, 2026. During this time, I have had the opportunity to observe his work ethic, technical knowledge, and professional conduct in the electrical trade.

Daniel has demonstrated extensive experience in the installation of electrical wiring systems, conduit bending and installation, electrical panels, switches, receptacles, lighting fixtures, and other electrical components. He is knowledgeable in reading and interpreting blueprints and electrical plans, troubleshooting electrical systems, and performing both rough in and finish electrical work in accordance with applicable building codes and safety requirements.

Throughout his employment, Daniel worked on a variety of projects including single family residences, multifamily apartment buildings, commercial office spaces, retail build outs, and light commercial construction projects involving both new construction and renovation work. He consistently performed his duties in a professional manner and demonstrated reliability, competence, and attention to detail.

Based on my experience working with him, I can confidently recommend Daniel Pitter Rincon as a qualified electrical contractor.

Should you require any additional information, please feel free to contact me.

Sincerely,

Jimmy Ramos

License No.: ER13015785

921 S Eagle Circle
Casselberry, FL 32707

Phone: 321-324-3795

Signature: _____

STATE OF FLORIDA

COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization this 4th day of June, 2026, by Jimmy Ramos.

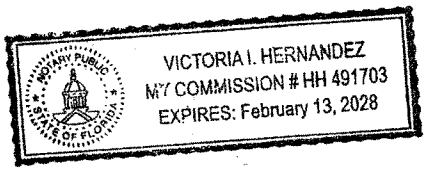
Notary Public, State of Florida

Print Name: Victoria I Hernandez

My Commission Expires: February 13, 2028

Personally Known

Produced Identification _____



Marion County Board of County Commissioners

Licensing Division

2710 E. Silver Springs Blvd.

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Jimmy Ramos

License No.: ER13015785

921 S Eagle Circle
Casselberry, FL 32707

Phone: 321-324-3795

Signature: _____

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COUNTY OF Orange

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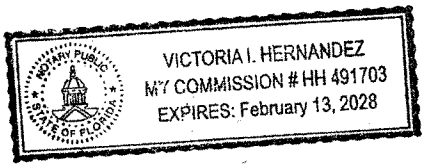

DOCUMENTATION OF EXPERIENCE
THIS IS NOT FOR USE AS A CHARACTER REFERENCE

I, Jimmy Ramos, certify that I have employed or sub-contracted

to Daniel Pitter Rincon From 03/01/2021 to 03/01/2026

Describe in detail the work performed by named applicant (please be very specific): Install electrical wiring, conduit bending and installation, installation of panels, switches, outlets, lighting fixtures, troubleshooting electrical systems, reading blueprints and electrical plans, and assisting with rough-in and finish electrical work in compliance with Florida building codes and safety standards.

Types of buildings, structures, projects, or jobs that were worked on by applicant (please be very specific): Single-family residential homes, multi-family apartment buildings, commercial office spaces, retail buildouts, and light commercial construction projects including new construction and renovations.

I, under penalty of perjury, certify that the foregoing information is accurate and correct.

Signature of employer

921 S Eagle Circle	Casselberry	FL	32707
Address of employer	City	State	Zip code

13213243795
Phone number of employer

ER 13015785
State license number or county certificate number of employer

STATE OF FLORIDA, County of Orange

The foregoing instrument was acknowledged before me by means of O physical presence or O online notarization, this 4th day of, June 20 26

by Jimmy Ramos
(Name of person making statement)

Victoria I. Hernandez
(Signature of notary public - state of Florida)

VICTORIA I. HERNANDEZ
MY COMMISSION # HH 491703
EXPIRES: February 13, 2028

Victoria I. Hernandez
(Print, type, or stamp commissioned name of notary public)

a Personally Known
a Produced Identification _____
(Type of Identification Produced)